



AFL SUPPLIER DATA FORM

I have completed the [AFL Supplier Code of Conduct survey](#) (signature required):

I have completed the [ESG Questionnaire](#) (signature required):

Company Information

Supplier Name:

Tax Payer ID:

DBA:

Currency:

Europe Form - Banking Reference (If Applicable):

Manufacturing Address of Goods/Services:

City, Town, or Locality:

State/Region:

Country:

Postal Code:

County/Province:

Ship From Address of Goods/Services (If Different From Mfg Address):

City, Town, or Locality:

State/Region:

Country:

Postal Code:

County/Province:

AR Remittance Address/Mailing Address:

City, Town, or Locality:

State/Region:

Country:

County/Province:

Postal Code:

Phone Number:

Contact Information

PO Order Placement Contact Name:

PO Order Placement Contact Phone Number:

PO Order Placement Contact Email:

Is your business certified MWDVBE (Minority, Woman and Disabled Veteran Owned Business Enterprises)? Certificates will be required if one of the below is selected. Please send to AFLCorporateProcurement@AFLglobal.com.

Women Owned Minority Small Disadvantage Disabled Veteran N/A

Types of Goods/Services Provided to AFL:

Nature of Business:

Number of Years in Business: